proper instruction for the younger, and of suitable employment for the older patients, with due attention to exercise, recreation and amusements. Diet should be carefully selected, and should consist mainly of vegetable food. The corps of attendants should be selected, and trained in the care of epileptics. According to Wildermuth, an epileptic institution should contain: (1) A department for youthful patients capable of receiving instruction. (2) A department for patients working at trades—separating half-grown from grown persons. (3) A building for farm workers. (4) A department for epileptic idiots. (5) An insane department. (6) A hospital. To which the author would add: (7) A tuberculosis station. He favors the open door system in general, but recognizes the necessity for a special closed building for disturbed patients, and thinks that in this a certain number of isolation rooms is indispensable. Restraint by camisole he finds rarely if ever necessary. About medicinal treatment, he says little except to remark that the bromide and hypochloruration treatment of Toulouse and Richet, while undoubtedly reducing the number of fits, had to be given up on account of the resulting impairment of nutrition. He adds an extensive bibliography.

3. *Medico-legal Observations on a Case of Theft During Pregnancy.*—Unsuitable for abstraction.

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(Vol. 8, 1903, No. 9.)

1. *Tumor of the Spinal Canal.*— F. Raymond, a clinical lecture, delivered at the Salpêtrière, giving the diagnostic points, in a case of a tumor compressing the dorsal region of the spinal cord.

(Vol. 8, 1903, No. 10.)

1. Influence of Menthol on the Cutaneous Nerves. Mlle. I. Ioteyko.
2. Intention Tremor in Repose. De Buch.

1. *Menthol.*—The authoress studied the effect of menthol used in the form of a crayon, rubbed on the skin of the temporal region, in fifteen university students. Menthol she finds an excitant of nerves transmitting cold sense (hence the sensation of cold produced) and to a less extent of those for heat. On the contrary it markedly depresses the nerves for pain, and to a lesser degree those for touch. For measuring pain sense, she used the analgesimeter of Cheron, for touch sense, the ordinary compass esthesiometer.

2. *Intention Tremor and Tremor in Repose.*—The author reviews the several theories concerning, and the various autopsy findings in cases of tremor, and describes a case of intention tremor which he recently observed. He concludes that intention tremor and tremor in repose should be sharply dissociated, the first being centripetal in origin, allied to asynergy and ataxia and dependent upon a lesion of the medullo-cerebello-cortical paths; the second being centrifugal and motor due to variation in the muscular tonus, dependent upon lesions of the extra-pyramidal tract, and to be placed alongside of hyperkinesic phenomena as chorea and myoclonus.

(Vol. 8, 1903, No. 11.)

1. Tumor Spinal Cord. F. Raymond.
2. Atrophy of Left Leg and Hypertrophy Right Leg. Glorieux.
3. Mucusular Atrophy. Glorieux.

1. *Another Case of Tumor of the Spinal Canal.*—A clinical lecture upon a case of tumor affecting the dorso-lumbar region.

2. *A Case of Atrophy of the Left Lower Extremity, and Hypertrophy of the Right Lower Extremity.*—History of the case of a man twenty-two years old, who presented an atrophy of the muscles of the left lower extremity, with weakness and some pain, in the knee, and hypertrophy of all the muscles of the right lower extremity, with exaggeration of patellar and Achilles tendon reflexes on both sides, but no rigidity or sensory disturbances. The author thinks that the occupation of the patient—that of a polisher—which involved much standing, may have played a causative rôle, and suggests that the hypertrophy of the muscles of the right limb is compensatory, since, the left leg becoming weak, the patient had grown accustomed to bear his weight chiefly upon the right leg. He hesitates about definitely placing the case, but is inclined to class it among the myopathies.

3. *Muscular Atrophy in the Left Lower Extremity.*—Another case, in a twelve-year-old subject, presenting atrophy of the muscles of the left lower extremity, most marked in the calf, with a peculiar swelling involving all the tissues, including the tibia, in the lower part of the left leg, but without change in reflexes, sensibility, or electrical reactions. The diagnosis in this case, he also thinks uncertain, but suggests the possibility of syringomyelia, in an early stage.

(Vol. 8, 1903, No. 12.)

1. New Researches on Localization. Dr. and Mme. C. Parhon.

1. *New Researches on Localization.*—The authors (one of whom has already done considerable work in this direction), describe some experimental researches upon localization in the spinal cord, which they recently carried on. Working upon dogs, their method was to extirpate a muscle, and after some time to kill the animal, and to study by serial sections, the cord in the appropriate region, observing to what cell groups the resulting cell degeneration was limited. They claim to have located the nuclei of the respective muscles as follows. Splenius, in the antero-intermediate cell group, of the anterior horn in the first cervical segment. Sterno-mastoid (proper) in the internal portion of the central cell group, throughout the first cervical. Sterno-cleido-mastoid (other fasculi) in the whole central cell group throughout the first cervical, and upper part of the second cervical, the cells occupying a more and more external position, until just before disappearing they nearly reach the external border of the horn. Brachialis anticus in the postero-external group, slightly forward, and outward from the biceps, whose nucleus is in the postero-internal cell group both in the sixth cervical segment. Flexor sublimis digitorum, in the postero-internal group, of the seventh cervical. Some cells to the outside of this are related to the fore limb, but could not be located more accurately. Extensor carpi radialis, in the postero-external angle of the horn, throughout the eighth cervical. Spinalis dorsi ("long epineux"), in a small group of cells situated near the antero-internal angle of the horn in the first four dorsal segments. Longissimus dorsi ("long dorsal"), in a cell group the continuation of the preceding which beginning in the fifth dorsal segment gradually enlarges in the lower dorsal and passes inward until before its disappearance in the third lumbar, it occupies the antero-internal angle of the horn. Sartorius, in the antero-external group of the third and fourth lumbar segments. Obturator slightly behind, and internal to the sartorius. Quadricepa femoris in a large cell group occupying the extreme portion of the horn behind the sartorius, in the third and four lumbar. Adductor longus, in the central group anteriorly, adductor magnus, and adductor brevis in the central group posteriorly, all in the third and fourth lumbar. Careful investigation failed to locate the bladder center. A number of figures subjoined do much to make clear the relative positions of the

nuclei. In these figures the authors have also indicated the locations of the nuclei of other muscles as given by different observers. They add some cuts showing the localizations of the nuclei in the cervical and lumbar enlargements in man, as far as is determined. These show quite a close agreement, with those made out for the dog. Proceeding to the interpretation of these findings, they take up the question of whether these localizations are of muscles or of functions. While they lean to the latter view, they are of the opinion that more work is needed for the complete elucidation of the question, and what seems to be necessary is to continue experimental and anatomico-clinical research until all the muscles have been investigated. In any event the contradiction, if any, is rather one of terms, for in their opinion functional requirement causes the differentiation of the muscles, which is only a repetition of the fundamental morphological law, "The function makes the organ."

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MONATSCHRIFT FUER PSYCHIATRIE UND NEUROLOGIE

(Vol. 14, 1902, No. 1.)

1. The Idea and Significance of Dementia. F. Tuczek.
2. The Pathogenesis of the Symptoms in Persons Restored after Hanging. W. Alter.
3. The Leg Reflex of Oppenheim. R. Cassirer.
4. Remarks upon the Course of the Fibres in the Middle and Intermediate Brain of the *Tarsius spectrum.* T. Ziehen.
5. The Pathology of Paralysis of the Peroneus. S. Dans.

1. *Dementia.*—Tuczek gives a critical analysis of the varying opinions regarding the nature of dementia. It is a loss or defect of the intellectual capacity. The intellectual capacity is represented by a normal ability to learn, and to employ that which has been learned. The defects that occur in the various psychoses may involve any or all of the intellectual components, and according to Tuczek, only in an acquired dementia does such involvement of all the complements actually occur. As, however, the conditions giving rise to this may be various, it is a point worthy of investigation to what extent the etiology influences the manifestations. He then gives the following postulates upon which judgment should be based. First, the determination of the normal, moral and intellectual development; second, that when a man acts in accordance with his highest intellectual and moral development he is not criminal; and, third, that occasionally conditions may be so severe as to overcome the normal, intellectual, and moral inhibition. In cases of dementia there is actually a quantitative loss. The question arises whether quantitative diminution in some of the faculties can be regarded as dementia. Another important question is that there can be no doubt that certain qualities may disappear in dementia, and at first give rise to isolated symptoms such as love of agreeableness in social intercourse in senile dementia, or in dementia præcox. It is more difficult to decide whether temporary diminution in the intellectual qualities should also be considered dementia. Many forms of undoubted dementia such as paretic dementia and dementia præcox, either have remissions or advance irregularly. There is at any rate, no relation between the pathological changes and the intellectual disturbances. The paper concludes with a description of the various forms of mental disease in which dementia occurs.

2. *Restoration after Hanging.*—Alter reports three cases of persons who were resuscitated after attempted suicide by hanging. All three were insane; two suffering with melancholia, and one from paranoia with